

## FORM 531

REFER TO INSTRUCTION SHEET

## CITY OF BETHLEHEM TAX BUREAU

10 E. CHURCH STREET • BETHLEHEM, PA 18018  
MAILING ADDRESS: P.O. BOX 500 • BETHLEHEM, PA 18016-0500  
(610) 865-7022 TDD (610) 865-7015

Mail your return in the pre-addressed envelope. Before mailing, check the correct box on the top of the envelope.

## FINAL INDIVIDUAL EARNED INCOME TAX RETURN

CALENDAR YEAR

PLEASE FILE THIS RETURN BY APRIL 15TH EVEN IF NO TAX IS DUE OR IF IT HAS ALL BEEN WITHHELD.

SOCIAL SECURITY NO.

MUNICIPALITY

TELEPHONE

FULL YEAR RESIDENT ☐ YES ☐ NO

PARTIAL YEAR RESIDENT - PLEASE COMPLETE ADDRESS INFORMATION BELOW.

IF YOU MOVED DURING THE YEAR, COMPLETE THE FOLLOWING →	FORMER ADDRESS - INCLUDE STREET OR ROAD, CITY AND STATE	DATES AT FORMER ADDRESS FROM _____ TO _____
	PRESENT ADDRESS - INCLUDE STREET OR ROAD, CITY AND STATE	DATES AT PRESENT ADDRESS FROM _____ TO _____

  

1	Gross Earnings as reported on W-2. Enclose W-2's with this form . . . . .	1	
2	Allowable Non-reimbursed Employee Business Expenses. Include detailed statement of expenses (Pennsylvania Forms UE-1, UE-2 or Federal 2106) . . . . .	2	
3	Taxable W-2 Earnings (Line 1 minus line 2) Audit may be required if all W-2's and supporting schedules are not enclosed. . . . .	3	
4	Net Loss (use line 6 for any Net Profits) Include Federal Schedules C,F,E, or 1065 K-1 . . . . .	4	
5	Subtotal (Line 3 minus 4) IF LESS THAN ZERO, ENTER ZERO . . . . .	5	
6	Net Profits (use line 4 for Net Losses) Include Federal Schedules C,F,E, or 1065 K-1 . . . . .	6	
7	Total Earned Income subject to this tax (Line 5 plus line 6) . . . . .	7	
8	Tax Liability: Line 7 multiplied by tax rate of 1% (.01) . . . . .	8	
9	Quarterly Estimated Payments . . . . .	9	
10	Earned Income Tax Withheld as per W-2 . . . . .	10	
11	Credit from last year (if Credit Due) . . . . .	11	
12	Miscellaneous Credits (i.e. Philadelphia Tax or Out-of-State Tax Credit - see instructions) . . . . .	12	
13	Total of 9 + 10 + 11 + 12 . . . . .	13	
14	REFUND/CREDIT (Line 13 minus line 8) Enter Amount and check box below NO REFUNDS OR CREDITS UNDER \$1.00 <input type="checkbox"/> Credit to Next Year <input type="checkbox"/> Refund . . . . .	14	
15	TAX DUE (Line 8 minus line 13) AMOUNTS LESS THAN \$1.00 NEED NOT BE PAID . . . . .	15	
16	Interest (6% per year) + Penalty (½% per month) + Late Filing Fee (\$10.00) after April 15th . . . . .	16	
17	TOTAL AMOUNT DUE (line 15 + 16) . . . . .	17	

PLEASE  
DO NOT  
ROUND  
TAX AMOUNTS

\*\*\*EXTENSIONS FOR FILING MUST BE RECEIVED BY CITY OF BETHLEHEM TAX BUREAU ON OR BEFORE APRIL 15TH\*\*\*

ATTACH APPROPRIATE COPIES OF FEDERAL/STATE SCHEDULES AND/OR ALL W-2 FORMS

MAKE CHECKS PAYABLE TO CITY OF BETHLEHEM. A FEE OF \$20.00 WILL BE CHARGED FOR RETURNED CHECKS.

I declare, under penalties of perjury that I/we have examined this return, and to the best of my knowledge and belief, is a true, correct, and complete return.

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF PREPARER (If other than taxpayer)

DATE

EMPLOYMENT WORKSHEET

Employer's Name	Dates Employed This Year From to	Employer's Local Address	Gross Earnings	Earned Income Tax Withheld
			\$	
		TOTAL		

WORKSHEET FOR INDIVIDUALS EMPLOYED IN DELAWARE AND/OR NEW YORK

(See Instructions line 12)

EARNED INCOME: Taxed in other state as shown on the state tax return. . . . . (1) \_\_\_\_\_

Credit will be disallowed if copy of state return is not attached. . . . . X \_\_\_\_\_

Local tax 1% or as specified on the front of this form . . . . . (2) \_\_\_\_\_

Tax Liability to other state . . . . . (3) \_\_\_\_\_

PA Income Tax (line 1 x PA Income Tax rate for year being reported) . . . . . (4) \_\_\_\_\_

CREDIT to be used against Local Tax

(Line 3 minus line 4) On line 12, enter this amount

or the amount on the line 2 of worksheet, whichever is less. (If less than zero, enter zero) . . . . . (5) \_\_\_\_\_